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Committing to my mission: Faculty experiences with student veterans in baccalaureate nursing education

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Committing to my mission: Faculty experiences with student veterans in baccalaureate nursing education

Abstract

Veterans transition to baccalaureate nursing education with significant experiences from their military service. Faculty play a role in facilitating this transition, in and out of the classroom. Approaches to enhance nursing education programs to better meet student veterans' needs have been proposed. However, less is known about the experiences of faculty teaching student veterans. A qualitative descriptive design was used to examine nursing faculty experiences teaching veterans, and in facilitating veterans' transfer of learning and knowledge from their military experience to baccalaureate nursing education. Semi-structured interviews with twelve faculty from the United States were conducted and data analyzed using content and thematic analysis. Three major themes included: *committing to my mission, facilitating a shared understanding between military service and nursing, and appreciating a new duty*. Results support faculty purposefully engaging in activities to increase their cultural sensitivity, while continuously developing humility and competence, to be successful teaching student veterans. Nursing faculty are positioned to leverage education as a means to improve the social status of veterans, ultimately improving their health and well-being, as well as academic success. It is recommended schools of nursing encourage and support faculty in attending professional development activities aimed at improving individual cultural sensitivity.

Veterans transition to baccalaureate nursing education with significant experiences from their military service.¹ They face and must overcome, a number of challenges and barriers to be successful in degree attainment. Faculty play a role in facilitating this transition, both in and out of the classroom, and must consider student veterans' needs.²⁻⁶ Faculty are accountable to facilitate learning too, and preparation to engage with this student population is imperative. However, no empirical research was found examining nursing faculty experiences or preparation for teaching student veterans, or strategies to support learning. This study aims to fill this gap as continued efforts are necessary to support faculty development and student veterans in nursing education.

1 REVIEW OF THE LITERATURE

The growing veteran population on college campuses has triggered many institutions to evaluate their resources and implement strategies to facilitate their success. There is a plethora of literature heightening awareness among those in higher education of the common transition/reintegration struggles veterans face when joining campus communities.⁷⁻¹⁰ This includes the physical and behavioral health challenges of today's veterans. In addition, publications exist addressing knowledge enhancement and understanding of military culture, as it may impact the transition to the college campus and student learning.^{2, 6, 11} Unfortunately, research also indicates faculty and staff in higher education lack knowledge related to military culture and experience, impacting an understanding of how to best facilitate learning for these students.^{12, 13}

Entry into nursing programs varies among service members and veterans depending on their previous educational background and accessibility to academic programs. In 2013, the Health Resources and Services Administration awarded grants to nine schools of nursing through the Nurse Education, Practice, Quality, and Retention Program—Veteran's Bachelor of Science Degree in Nursing (VBSN), which was established to increase enrollment and progression of military veterans to become registered nurses.¹⁴ To date, 31 programs have received grants.¹⁵ With intentional efforts to recruit veterans in nursing education, it is imperative for faculty to gain skills and knowledge to best engage this nontraditional student population.

Numerous authors have proposed approaches to enhance nursing education programs to better meet student veterans' needs.^{2, 4, 13, 16-19} Exemplars include the dedicated school of nursing military liaison support positions, educational events for faculty and staff to increase military cultural competence, academic advising by faculty knowledgeable of military culture, and accelerated programs to propel motivated students into the workforce expeditiously.^{16, 18} Of minimal focus in the literature, but of critical relevance, is preparing nursing faculty to teach student veterans. One program utilized Green Zone Training²⁰ and others have relied on developing program-specific needs related to understanding military culture and diverse students.^{17, 19}

One major hurdle for student veterans and nursing faculty are evaluating competency or prior knowledge with the intent to acknowledge veterans' previous education. To accomplish these assessments, it has been recommended faculty have first-hand military experience and an understanding of military training, education, culture, and language.²¹ However, this is not always an option. Keita, Diaz, Miller, Olenick, and Simon²² discussed a “Boot Camp” course for veterans at the onset of their VBSN program. This course allowed faculty to evaluate the skills, knowledge, and ability of these students before being awarded academic credit and subsequent course placement. Similarly, prior learning assessments have been recommended as approach colleges and universities are employing to acknowledge prior learning in the military.^{16, 23} One nursing program developed a competency-based education model to award college credit for prior military training and skill development.²⁰

Research validates that learning transfer is not merely the result of individual characteristics but rather depends on the educational design, learning and clinical environments, and collaboration between academic and workplace institutions²⁴⁻²⁶. López, Springer, and Nelson²⁷ suggested academic success for student veterans relies on teaching and learning practices to build on life experiences, promote classroom environment socialization, and accommodate diverse learning styles along with curricular coherence allowing for the transfer of prior knowledge. These practices should also include relevant and timely feedback to students. Empirical evidence supports student veterans transfer learning from prior military service and experience to nursing education.²⁸ Evidence focused on nursing faculty experience teaching veteran students was not found in the literature, supporting the exploration of this topic. With the number of veterans transitioning into nursing and related healthcare professions, best practices are needed for facilitating the transfer of learning for this student population from the military setting to nursing education.

2 METHODOLOGY

Grounded in the principles of naturalistic inquiry,²⁹ a descriptive, qualitative design was used to examine faculty experiences teaching veterans, and in facilitating veterans' transfer of learning and knowledge from their military experience to their Bachelor of Science in Nursing (BSN) education. The researchers determined this approach was suitable due to the limited empirical evidence available on the topic.

2.1 Sample

Participants were recruited from accredited baccalaureate nursing programs in military-centric areas of the United States. To acquire diversity and breadth of experiences, recruitment targeted faculty teaching in both VBSN and nonveteran affiliated BSN programs. In addition, study information was shared with the researchers' professional networks. Inclusion criteria included faculty who had experience teaching student veterans for a minimum of 2 years. Sampling continued until data saturation was achieved.

Twelve faculty (male = 1, female = 11) representing traditional BSN ($n = 8$), accelerated BSN ($n = 6$), and VBSN ($n = 5$) programs participated, with some participants representing more than one program type. Participants were an average of 50-year old (range 33-62), averaged 10 years teaching nursing (range 2-24), and taught freshman through senior level. Ethnic background was Caucasian 67% ($n = 8$), Hispanic 8% ($n = 1$), African American 17% ($n = 2$), and Spanish/Portuguese 8% ($n = 1$). Seventy-five percent of participants taught face-to-face ($n = 9$), one taught online-only, and two reported 50/50 face-to-face and online. One-third ($n = 4$) had served in the military and 67% ($n = 8$) had a family member who had served. Half of the participants reported the presence of ROTC on their campus and 25% said their school was designated veteran-friendly/yellow ribbon and/or had a campus-based veteran liaison.

2.2 Data collection

After obtaining institutional review board approval, nurse faculty from across the United States participated in a single, semi-structured interview. Demographic data and signed informed consent were completed before conducting interviews. All interviews began by asking participants "to describe their overall experiences and perceptions teaching students who were veterans." Interviews were conducted using videoconference or telephone. The interviews were audio-recorded and uploaded to an online transcription service. No identifying information was collected and transcripts were maintained in the researchers' password-protected computers. Audio files were deleted once transcripts were reviewed and accuracy verified.

2.3 Data analysis

Members of the research team, who have experience in qualitative methods, individually read each transcript using principles of content and thematic analysis to isolate and categorize important data before initial themes were developed.³⁰ The team met regularly to discuss the data and themes; analysis continued until the final themes were generated and unanimously agreed upon.

2.4 Trustworthiness

Rigor was established according to Lincoln and Guba's²⁹ four criteria including credibility, transferability, dependability, and confirmability. Sample diversity (VBSN versus non-VBSN faculty) and member checks of the final themes were used to establish credibility. The same researcher conducted all of the interviews and an audit trail was maintained for confirmability. Transferability was established through a rich description with detailed participant quotes.

3 FINDINGS

For these faculty participants, preparation to teach veterans varied significantly. Those teaching in VBSN programs had engaged in formal professional development versus faculty teaching in non-VBSN programs relying on self-development activities to become informed. For some participants, teaching veterans in the nursing classroom were their initial exposure to this population. Regardless of the degree of pedagogical preparation, all of the participants acknowledged the personal and professional benefits of teaching veterans. Comments like, "I enjoy having them in class" and "It's a joy. I would have loved to just teach veterans" suggest teaching veterans brought pride and pleasure to these nursing faculty. Data analysis revealed three themes describing the experience of teaching veterans in the nursing classroom and the ways nurse faculty can facilitate learning transfer.

3.1 Theme 1: committing to my mission

This theme represents the process participants undertook to understand who veterans were, where they came from, and how they operated as influential to teaching and learning. Appreciating that "students come from different backgrounds that are very different from our own," faculty were committed to intentionally learning about military culture and connecting with student veterans. This journey of discovery and deep awareness was conceptualized as a mission by these nurse faculty. Overcoming perceived knowledge deficits served as the starting point for making sense of two converging cultures; the military and higher education.

Faculty discussed the need to recognize biases and remove stigmas associated with military service. One participant stated, "don't make assumptions. Not all veterans are broken." Interacting with student veterans informed these faculty about what was needed by these students to achieve success in nursing education. Getting to know all students, and veteran students in particular, "really gives me a lot of information as to who the student is, where he or she is coming from, [and] what the potential challenges are" that they may encounter during their nursing education.

It seemed evident to the participants that student veterans brought forth aspects of the military culture and value system into their nursing education. As a starting point, it was essential to these faculty's mission to increase military cultural sensitivity with the intent of developing basic military and veteran competency. A participant pointed out, "we're dealing with individuals from a different culture because veterans are indeed culture in and amongst themselves." With this cultural background, faculty observed veterans as "mature," "adaptable," "disciplined," "prepared," "accountable," and "respectful." There was an underlying "drive" and

“perseverance” to achieve a “successful mission completion” for these students. Participants shared perceptions that nursing education was more than a degree to obtain for veterans; it was a “part of their career path.” Veterans pursued their education with such a focused determination on “getting the job done” that, at times, faculty were concerned because “they tended to almost overachieve.” Like in the military, veterans “bonded together,” expressed a sense of camaraderie, and supported one another to reach their goals.

Faculty learned to be sensitive to the military ethos that not only defined these students but also impacted learning.

I almost think sometimes these veteran students do a disservice to themselves, unintentionally, because they want to do it right, they want to do it completely, and they want to do it efficiently the first time. And when that doesn't happen, they take it very personally.

Intense fear of failure seemed to drive an internalized determination that could interfere with their success. One participant captured the essence of the anxiety-inducing nature of failure for veterans when she said, “you don't want to leave anybody behind, but what's even worse in military culture is being the one left behind. This created barriers to where they wouldn't reach out for help until it was almost—until it was really late.” Another participant concurred saying, veterans are “so goal-oriented or driven that they would not necessarily always reach out to us.” Acknowledging veterans were hesitant “to ask for clarification” and tended to “keep to themselves” meant faculty had to find ways to connect with them.

Faculty viewed the veteran's military service as creating a deeper personal and professional obligation for them toward these students. Veterans were worthy of the time and effort needed to understand the military culture and their background. One participant commented, faculty often “have no appreciation for what the military mindset is. And I think because of that, our veteran students are perhaps not given the high degree of understanding, perhaps, that they need.” Ongoing engagement with student veterans created a sense of responsibility to assure the needs of these students were met and appeared to be the catalyst for nurse faculty to recognize a need to change or update their teaching practice.

3.2 Theme 2: facilitating a shared understanding between military service and nursing

This theme captures how faculty assisted veterans to apply their military skills and experience to nursing education, and ultimately, nursing practice. Conversely, students shared insights with these faculty, changing the way they thought about military service and experience. As such, teaching was the conduit by which faculty could demonstrate the utility of past military experiences in a civilian environment. This theme embraces the reciprocal nature of the veteran-faculty relationship which positively seemed to contribute to one another's personal and professional growth. This theme had two sub-themes.

3.3 Subtheme 2A: helping students to apply the past to comprehend the present

Student veterans did not always come to their nursing education with a background in healthcare. Yet, one participant commented, “I think the skills they have in the military lend themselves well

to our program.” Faculty appreciated there were elements of military culture useful and transferable to nursing practice. The key for faculty was to help these students work through their past experiences in the military to filter out what could be repurposed and what was no longer needed.

Opportunities to “reflect” and “share their life experiences” were essential to creating this foundation. One participant described how she would “have veteran students talk about their experiences. I use that as a teaching point that, 'So tell me about when'—and we talk about the differences in their setting as opposed to the clinic setting.” Referring to the inclusion of reflection activities, another participant noted, “asking them to dig down into that interpersonal, that's not an area they they're necessarily comfortable with” yet doing so brought “positive recognition to members of the military but also as a teaching point for the traditional students.” Providing chances for the student veteran to interact, apply, and interpret themselves in a civilian role were vital to bridging the gap between military service and nursing.

Faculty identified ways to maximize veteran's strengths to facilitate learning transfer, enhance critical thinking, and make newly learned information more relevant. One participant noted that ongoing learning opportunities during military service meant veterans had “experience learning some skills in something” which “gave them a better advantage to learning new skills in nursing.” Further, accustomed to working in teams, faculty commented that group work requiring a “team effort” facilitated their learning. One participant stated, “They're trained in teamwork, and you know, it's never just one person in the military and so they're really good at teamwork.” Another participant reinforced the application of teamwork in nursing stating:

They're team players. They have a very strong sense of team. I do not see a veteran student sitting at the nurses' station. I see them up, they're moving around, and what they're doing when they're moving around, of course their patient is their primary focus. However, after that patient is settled, they're going amongst their peers to ask “How can I help?” And after their peers ... then they go to the staff themselves, “How can I help you?”

In the classroom, “success of a group is when you have somebody that's a “sergeant” of the group or takes control of the group that makes sure everybody gets to where they need to be.” This was most evident in interactive study groups where veterans “concept mapped ... used multiple senses ... and physically acted it out” to learn complex material. Faculty shared observations that veterans were “very good at facilitating negotiations so the group could progress and feelings wouldn't get hurt and civility was maintained.”

Yet, adherence to the philosophy of teamwork created unforeseen challenges for faculty trying to help veterans translate their background into the present context. One participant noted veterans have a “tendency to over-help each other” creating a situation whereby there was “so much teamwork that they [students] actually cheated.” Faculty had to reframe these strengths to align with the rules and norms governing higher education. The veterans did not view their actions as cheating so much as a “bond” to stick together and “never leave a man behind.” Conversely, one participant positively highlighted the lengths veterans will go to support peers explaining, “if she was aware of one of her coveterans in her class that was struggling, she would let us know; but

then she would also tutor them in the veteran lounge ... on her own time just to make sure that they succeeded.”

Recognition of the veteran's leadership qualities were immediately evident so faculty were keen to “knead out those leader traits.” “These students tend to have an innate sense of leadership that's either been programmed in the military or it's been programmed before and just kind of executed in the military.” Faculty described the mutual benefit of pairing a less confident student with a veteran saying,

it helps because they have some leadership abilities but it helps with their nursing leadership. ... they're bringing their skills whether they realize or not. Think about the military training, they don't realize that they are using the nursing process as well.

Veterans were also willing to mentor traditional students. One faculty recounted,

if we do have somebody that's a corpsman and they know how to do vital signs and make beds and all that and it's the first time that the student, the traditional student, has done that they join with them on things like that, and appreciate that.

Veterans with healthcare experience needed guidance from faculty to understand boundaries of practice in the civilian setting and to negotiate the differences in scopes of practice. One participant described a situation in the clinical setting whereby a veteran reacted in a manner consistent with a previous military clinical role in response to his patient's change in condition. The faculty recalled, “I think what happened was the veteran student was sort of caught up in the moment, and the line of practice was skewed.” It was important for faculty to help veterans shift from an emergent care focus, as was customary in the military and especially in those with previous deployment experience, to a prevention focus.

3.4 Subtheme 2B: sharing the unseen to broaden one's worldview

The unseen, within the context of this study, was something faculty, and perhaps even other students did not have experience. It provided the impetus for faculty to evaluate or re-evaluate, their worldview and their role within it. One participant commented, “I just really appreciated their input, their insights.” Another participant described an experience that

...while teaching, a student veteran asked about a specific treatment which was not in the textbook. I think that was when I realized that, you know, there was medical experience that they had that you may not see on a regular basis.

Unexpected learning opportunities stirred in the faculty participants a change in thinking and a desire to learn from veterans' shared experiences. The process of learning about and understanding military culture and student veterans was enhanced when faculty “permitted them [veterans] the opportunity to express themselves, rather than just think I'm in total control of the class.” Faculty realized “the sage on the stage kind of thing doesn't work for them.” Another shared, “...if you can give up that autonomy, then you'll realize that you can learn something, as well as somebody else.”

One participant noted classroom discussions provided an ideal opportunity to learn. She stated, “if you've got one or two veterans in the class there're going to add something to it. They are going to be able to see things that you can't see, from the civilian point of view.” This same participant stressed that faculty must “give up that autonomous feeling” and let go of the “know-all” mentality if they are going to be fully receptive to alternative viewpoints and experiences as positively influencing their approach to teaching. This was supported by another participant who stated, “allow yourself as a teacher not to be close-minded. Be open-minded and actually apply that to all of your students. Be open-minded and appreciative of their life experiences.”

3.5 Theme 3: appreciating a new duty

This theme encompasses the sense of duty faculty internalized as a result of teaching veterans. In return for serving the country, faculty shared they worked hard to serve student veterans in the classroom and clinical settings. Despite challenges encountered with one veteran student, a participant stated, “I have such an affinity for her. I felt so close to her and drawn to her because I was so grateful for her service.” Out of respect for veterans, a desire to see them succeed at something meaningful after the military, and a perceived obligation to give back, faculty were motivated to examine their own practice and the ways they could make it better. *Appreciating a new duty* had two subthemes.

3.6 Theme 3A: serving those who served

Having been in the military, veterans were in a “service position, to serve others” and they represented something larger than themselves. Faculty recognized this group of students dedicated themselves to their education with an earnestness, unlike some traditional students, igniting in them a desire to serve them in any needed capacity. One participant commented, “they have a stronger appreciation for what they learn.” Recognized as “ideal students,” faculty “enjoyed them in clinical and in the didactic setting” commenting “we wish all our students were veterans.” Another stated, “they're kind of a joy to teach because they make you better.” Faculty acknowledged veterans “make outstanding nurses” who “enhance our discipline” and “make our profession better.”

Faculty conveyed this student population was perhaps worthy of extra effort and time on their part due to the observed efforts of these students. They noted veterans sought out and actively engaged in their education. These students seemed to “step to the forefront and gain absolutely as much experience on the clinical floor that they can.” In fact, as described by one participant, a student veteran was able to connect with a veteran patient when civilian nurses were unsuccessful. Faculty noted veterans “do everything well” based largely on their “self-directed” nature, level of preparedness, and attention to detail. One participant recounted an experience when two new veteran students “were doing a recon to make sure they knew where the room was and where to park and you know those kinds of things that I thought ... that was so military of them to do that.”

Faculty felt compelled to match their level of dedication and determination with their veteran students. One participant discussed how she sought to create a safe place for a “veteran student to come in and sit down and relax and discuss how they're feeling.” Faculty noted the time and

energy they invested in teaching seemed appreciated by veterans which in turn helped them to feel valued. As an example, a participant commented that veterans were “very open to the concept of constructive criticism. The veteran student ... utilized that teaching method of constructive criticism to their benefit.”

These participants desired to do their best and be their best for the student veterans. The participants shared they believed the altruistic reasons propelling veterans into the military also led them to nursing. They commented how they were willing to “bend over backwards for them” because it was “amazing” to witness their growth and transformation in the nursing role. To faculty, this was a way for them to give back or serve those who had served. “So, I think it might not be as much specifically in the classroom, as just more about mentoring their career path.” The result was a sense of duty to help those who had served the country to succeed.

3.7 Subtheme 3B: championing student veterans in nursing and higher education

Evidence of mutual respect between student veterans and nurse faculty emerged from the data analysis. Whether fully appreciated or not, it appeared faculty not only advocated but championed, student veterans and efforts to ensure successful matriculation through the nursing program. Faculty shared observations and recommendations for improving the educational experience for veterans as a newly appreciated duty. One faculty remarked on the importance of “having a respect and understanding of what it is they go through that makes them so unique in our society and valuable.” In return, several faculty desired to “enhance the education process for veterans” and “figure out what to do to make certain... [and ask ourselves] did we do all we could?”

Faculty expressed a sense of “responsibility” to protect veterans; all they stand for and the value they bring to nursing education. The data strongly supported instances where the educator-student boundary was blurred. A desire to repay a debt of service seemed to overshadow how faculty dealt with some student veterans; particularly when issues arose. One participant stated, “maybe I go above and beyond” in relation to “developing relationships with a specific group of students and having an identity connected to that.” Reflecting that such actions are not always in the best interest of nursing education or student veterans, a participant cautioned meeting veterans' needs “did not mean reducing our expectations” but rather being “more understanding of our expectations.”

As advisors or mentors to veterans, several faculty voiced the need to have a strong working knowledge of veteran-related resources on campus and in the community. This required a clear understanding of the difference between what constituted a “student issue or a veteran issue.” For example, some veterans still had military duties requiring coordination of student obligations. Others were challenged with issues resulting from receiving the GI Bill. At times, psychological triggers associated with prior military service manifested during the program requiring faculty intervention. The movement away from the “rigid” structure of nursing education to one more “student-centered” was acknowledged by faculty participants. One participant expressed fear that a lack of recognition and appreciation for the skillset veterans bring to the nursing classroom is not only “very demeaning to them” but “could discourage veteran students from entering into the profession.” Another summed it up saying, “I think

teaching nursing, performing nursing and performing at the bedside with patient care is such a humbling experience. And it is equally humbling when I teach them [veterans].”

4 DISCUSSION

Based on participant data, faculty did not often appreciate and understand the background of veterans. However, the results of the current study suggest with time and exposure teaching this nontraditional student group, attitudes could change. Changes or adjustments in teaching occurred over time as faculty immersed and interacted more with veterans. While the focus of this study was not to capture the process of teaching, data seemed to support a preliminary process of understanding repeated contact with these students provided opportunities to develop cultural sensitivity and a beginning degree of cultural competence. More accurately, faculty may have demonstrated the process of cultural humility, which researchers argue best describes a process of life-long self-reflection and self-critique allowing for deeper understanding of cultural differences to build honest and trusting relationships.^{31, 32} The notion of developing cultural competence³³ or cultural humility^{31, 32} as a process is supported in the literature and requires faculty and nursing programs to be dedicated to change. Military culture has been widely discussed in the literature, warranting validation, and attention from faculty.

Data support cultural sensitivity and development of humility or competence is not only necessary to provide patient-centered nursing care, but nursing faculty must also develop and role model a culturally sensitive teaching practice. Faculty are aware of the need to address culture in class or clinical but have less experience addressing cultural competency in relation to diverse students.^{33, 34} According to a study by Bagdadi,³⁵ nursing faculty possess moderate levels of cultural competence, scoring higher in knowledge and teaching behaviors, and lower in skills and encounters. This translates to a higher level of knowing what to teach and teaching it, but having less skills when faced with encountering or communicating with individual patients or students from diverse backgrounds Bagdadi.³⁵ Contemporary teaching methods need to adapt to a changing student and faculty profile from times past when historically in nursing diversity was neither represented in student or faculty demographics.³³ Further, faculty need to avoid practice bias, stemming from the belief that to be equitable, all students should be treated the same.³⁶ This should not be interpreted to mean special treatment since empirical evidence supports student veterans want to be treated equally to their traditional and nontraditional peers; they do not desire special treatment from faculty or others.¹

The study findings revealed faculty recognize student veterans were different compared to other traditional and nontraditional students. Participants generally desired to meet the needs of these student veterans, beyond just having knowledge of the military culture. Thus, over time they continued to be open and learn what they could to help this student population be successful. Based on the data, they seemed to have reflected upon their experience of teaching this group of students. While the researchers did not investigate the level of cultural competence each participant felt they had with veterans, it may be they viewed veterans as worthy of personal self-development in exchange for the service they had provided to the nation.

In a study of veterans' experiences transitioning to baccalaureate nursing education, participants voiced the desire for faculty to encourage veterans to share their military experiences related to

what is being taught in class or clinical as a way to improve not only their learning transfer but to also enhance peer learning.¹ This provides credibility to the current study findings that sharing of experiences may contribute to a positive reciprocal learning environment and veterans are willing to share applicable experiences. Helping veterans to see how prior knowledge and skills are relevant and can be bridged to nursing practice may impact engagement and confidence as they progress through their education. This may be one key to facilitate transition into the student role, which may also positively influence retention in programs. To the researchers' knowledge, it is unknown what influence veteran students sharing of their experiences in the nursing classroom/clinical may have on other nontraditional or traditional students. This warrants further investigation since it could be potentially helpful in facilitating understanding for all students in caring for patients who are veterans.

According to Jenner,¹¹ veterans are often similar to first-generation, nontraditional, and underrepresented minority students. After removing financial struggles common for all students, the next most cited issues facing veterans in higher education are interpersonal and social challenges.¹¹ Education, as a social determinant of health,³⁷ can be positively influenced when nursing faculty embrace the idea of serving veteran students. Based on the study data, student veterans coming to the nursing classroom and clinical with a number of social and health risk factors may place them at high risk for drop out. With consideration of the reasons why someone may have entered military service, as well as the experiences they may have encountered during their time in the military, it is critical to understand how this may impact their educational experience. This could account for the participants' beliefs about their sense of duty to these students. Faculty appeared to feel they owed this student population their best and help them be successful in their goals. This theoretically aligns with the literature on duty orientation.³⁸ According to Hannah et al³⁸ duty orientation represents a persons' "volitional orientation to loyally serve and faithfully support other members of the group, to strive and sacrifice to accomplish tasks and missions of the group, and to honor its codes and principles" (p. 220).

Simply watching or reading the news can inform educators that many veterans, especially those who deployed in recent conflicts and are currently in the civilian sector looking for work and/or attending college, are at risk for a variety of health issues including alcohol and drug abuse, homelessness, and suicide.³⁹ Nursing faculty are in a position to use education as a means to improve their social status, and ultimately their health and well-being. Not to mention, modeling for these students a way for them to succeed and find a sense of purpose in a profession they are seeking a career.²⁸ This could have long-reaching effects on other service members considering nursing as a profession. Supported both in this study and in a number of anecdotal publications in higher education and nursing, strengths of veteran students include teamwork, work ethic, and leadership.^{2, 28} Faculty can capitalize on these traits by creating meaningful learning experiences and utilizing the right teaching strategies to transfer skills to the registered nurse role.

5 IMPLICATIONS

Faculty who want to develop their cultural sensitivity, humility, and competence need to evaluate their own practice biases and be open-minded to change how they view and interact with all students, especially those from diverse backgrounds. "Because all students are not the same, it

would be more equitable to provide students with learning opportunities and assessments that meet the needs of the individual, rather than the cultural attributes of the dominant culture”³⁶ (p. 152). An example provided in the literature demonstrates how this could be accomplished through offering online remediation opportunities versus requiring students to meet with faculty during office hours.³³ This affords students who feel the need to do things on their own or who are less apt to seek help, such as the veteran population, the chance to access additional assistance within their own cultural comfort zone.

Yeager and Bauer-Wu³² recommend practicing mindfulness to develop cultural humility. With the presence of a growing group of veteran students in nursing education, along with many other culturally diverse students, faculty must also be careful, despite a deep sense of responsibility and duty to assist and support veterans, to maintain student-faculty boundaries and rigor. In addition, faculty must be sensitive that not all veterans may self-disclose nor publicly share with faculty or student peers their military experiences, especially if they have experienced difficulties or have sustained physical or mental health injuries.

Schools of nursing need to look at recruitment and retention of faculty from diverse backgrounds as this may help in not only improving individual faculty cultural competency but the program as a whole.³⁴ Participants in this study received varying amounts of formal training related to military culture. They expressed that a one-time workshop is insufficient to achieve even basic knowledge of a culture and a concerted and continued effort is required to start developing greater cultural sensitivity. These efforts may lead to improved cultural humility and competence. Those faculty with a military background voiced it was easier to relate to veteran students as they shared a common experience and language and should be engaged to help develop and educate other faculty. Ongoing professional development, coupled with encounters with student veterans and students from other cultures, is critical.

While the interviews did not yield a level of depth allowing the researchers to identify or determine whether true transfer of learning occurred, faculty discussed teaching and learning methodologies that seemed to facilitate a process of adaptation or even early application. There are several possible explanations as to why this phenomenon of facilitating the transfer of learning is not yet apparent or clearly described. Regardless of the number of years of faculty experience, teaching veterans may actually contribute to faculties' return to a novice or advanced beginner level due to a decreased familiarity with the military culture. This temporary realignment may serve as a catalyst to examine their own teaching practice and level of cultural understanding in relationship to the students they teach. This is a process that must occur before re-envisioning teaching modalities to facilitate learning transfer. It is also plausible student veterans are able to identify what is being or should be transferred but faculty have not processed this yet; teaching as they have always taught. Faculty may still be at a place of learning or discovering what skills veterans bring to the student role. Understanding and describing this phenomenon warrants additional investigation.

6 CONCLUSIONS

As a growing number of post 9 to 11 military service members enter civilian life, many are using education benefits to pursue college degrees. The healthcare industry holds a number of

opportunities for military service members looking for future careers, including nursing. Faculty play a significant role in the teaching-learning process once student veterans are enrolled in nursing programs. Understanding the military context from where student veterans' transition upon entering nursing education can contribute to their success, enhance learning, and improve completion outcomes for this population of students. In order for nursing faculty to enhance the transfer of learning, they must first understand what veterans bring to nursing education and how their past experiences influence the teaching-learning process. Moving into the next decade, faculty must progress beyond possessing cultural knowledge of military culture if they want to make an impact on teaching and learning for this nontraditional population of students.

CONFLICT OF INTERESTS

The authors declare that there is no conflict of interests.

Biography

Brenda Elliott PhD, RN, CNE is an Adjunct Professor in the School of Nursing at Wilson College in Chambersburg, Pennsylvania. She received a Bachelor of Science in Nursing from Lycoming College, Masters of Science in Nursing from Bloomsburg University and a PhD from Widener University. She served as a Nurse Corps Officer in the United States Army from 1994–1998. She has experience teaching pre-licensure nursing students in Community/Public Health Nursing and graduate students in Research and Nursing Education. She has co-developed curricula for a post bachelors Veteran Healthcare Certificate program for healthcare providers which focuses on Military and Veteran culture, Healthcare needs of Veterans, Veteran Advocacy, and Veteran Healthcare Policy. Her research and publications are in the areas of military nursing, veterans, home care, and wound/ostomy management. She also serves as the column editor for the Joining Forces column in MedSurg Matters!

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Barbara J. Patterson PhD, RN, ANEF, is a Distinguished Professor and Director of the PhD Program in the School of Nursing, Associate Dean for Scholarship and Inquiry, Widener University in Chester, Pennsylvania. She is also the Distinguished Scholar in the NLN/Chamberlain Center for Advancing the Science of Nursing Education. She received her PhD from the University of Rhode Island. She teaches doctoral students qualitative research, nursing science/theory, leadership, and dissertation advisement. She has chaired over 50 PhD dissertations, many investigating nursing education topics. Dr. Patterson has presented and published extensively in nursing education, specifically in the areas of evidence-based

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